



Occupational License Account Information Update Form Campbell County & Cities, Kentucky

Campbell County Fiscal Court • Occupational License Office • 1098 Monmouth St. • Newport, KY 41071
Mail to: Campbell County Occupational License Dept, PO BOX 72958, Newport, KY 41072-0958
Phone: (859) 292-3884 Fax: (859) 292-3827 website: www.campbellcountky.gov

FOR OFFICE USE ONLY

DATE KEYED _____
INITIAL _____

READ CAREFULLY

INSTRUCTIONS ON THE REVERSE

PLEASE TYPE OR PRINT LEGIBLY

THIS FORM MAY BE USED ONLY TO NOTIFY THE OCCUPATIONAL LICENSE OFFICE OF BUSINESS ADDRESS, TELEPHONE NUMBER AND OTHER BUSINESS INFORMATION CHANGES. IT IS NOT TO BE USED IN PLACE OF A LICENSE APPLICATION FORM.

1. CAMPBELL COUNTY TAX ACCOUNT ID#: _____

2. LEGAL BUSINESS NAME: _____

3. TRADE NAME or DBA (if other than #2 above): _____

COMPLETE ANY BUSINESS INFORMATION CHANGES IN THE APPLICABLE SECTIONS BELOW:

4. Check One: ☐ Individual / Sole Proprietor (please note on Line 2 if an LLC)
☐ Partnership (attach a list of general partners names, home addresses & SSN)
☐ Corporation (attach a list of officers names, home addresses & SSN)
☐ Non-Profit Organization (attach IRS determination of status)

5. Federal ID No. - OR Social Security No. - - (Individual/Sole)

6. Primary Business Address or Corporate Headquarters:

No P.O. Box

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____

7. Campbell County, Kentucky Business Location:

No P.O. Box

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____

**8. Mailing Address for Quarterly Payroll Withholding Forms
(Employers Only):**

☐ CHECK HERE IF THIS IS A PAYROLL COMPANY ADDRESS

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____

9. Mailing Address for Annual Business Return

☐ CHECK HERE IF THIS IS A CPA OR PAID TAX PREPARER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____

10. Is change of address the result of a change in business entity?

YES ☐

NO ☐

11. Is change of address the result of sale or acquisition of business?

YES ☐

NO ☐

12. Is change of address the result of change in accountant and/or payroll company?

YES ☐

NO ☐

13. Signature of Person Completing Form

X _____ Date: _____ Phone: _____

Instructions for Completing the Occupational License Account Information Update Form

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INSTRUCTIONS:

1. Fill in your current Campbell County and Cities Account Identification Number.
2. Fill in the legal business name.
3. Fill in the trade name or the name the company will conduct business under in Campbell County, Kentucky.
4. Check the box that describes the form of business organization.
5. Corporations & Partnerships fill in the business Federal Identification Number, one number per box. Individuals/Sole Proprietors fill in their Social Security Number, one number to a box.
ALL EMPLOYERS MUST PROVIDE A FEDERAL EMPLOYER IDENTIFICATION NUMBER.
6. Fill in the complete **primary** business address or corporate headquarters address with a contact person. No P.O. Box.
7. Fill in the complete **physical** address of the business location in Campbell County, Kentucky (if applicable). No P.O. Box.
8. Fill in the complete **mailing** address to send **Quarterly Payroll Withholding Forms (for employers only).**
9. Fill in the complete **mailing** address to send **Annual Occupational Tax Return Forms.**
10. If the change of address resulted from a change in business entity, check yes.
11. If the change of address resulted from a change in the sale or acquisition of the business, check yes.
12. If the change of address resulted from a change in accountant or payroll company, check yes.
13. **SIGNATURE BOX: The individual completing the form MUST sign and date the form. Please include a contact phone number. Thank you!**